

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES			Date of This Filing <u>10/05/2020</u>	Date Stamp Page 1 of 8	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (415)389-6800	I.D. NUMBER (if applicable) 1422494	Report No. <u>LCR # 2014</u>			
STREET ADDRESS					
CITY SAN RAFAEL	STATE CA	ZIP CODE 94901			
<input type="checkbox"/> Amendment to Report No. _____ (explain below)			No. of Pages <u>8</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/02/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:732	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7.50
10/02/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:733	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6.00
10/02/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:734	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4.00

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

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AREA CODE/PHONE NUMBER (415)389-6800	I.D. NUMBER (if applicable) 1422494	Report No. <u>LCR # 2014</u>			
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10/02/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:735	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$31.67
10/02/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:736	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$19.68
10/02/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:737	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$505.37

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No. of Pages <u>8</u>					

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10/02/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:738	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7.00
10/02/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:739	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$473.49
10/02/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:743	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$408.64

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STREET ADDRESS 			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY SAN RAFAEL	STATE CA	ZIP CODE 94901	No. of Pages <u>8</u>		

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10/02/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:744	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$21.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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CITY SAN RAFAEL	STATE CA	ZIP CODE 94901	No. of Pages <u>8</u>		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

Memo Reference: NON:S497:744
NON-MONETARY CONTRIBUTION

Memo Reference: NON:S497:743
NON-MONETARY CONTRIBUTION

Memo Reference: NON:S497:739
NON-MONETARY CONTRIBUTION

Memo Reference: NON:S497:738
NON-MONETARY CONTRIBUTION

Memo Reference: NON:S497:737
NON-MONETARY CONTRIBUTION

Memo Reference: NON:S497:736
NON-MONETARY CONTRIBUTION

Memo Reference: NON:S497:735
NON-MONETARY CONTRIBUTION

Memo Reference: NON:S497:734
NON-MONETARY CONTRIBUTION

Memo Reference: NON:S497:733
NON-MONETARY CONTRIBUTION

Memo Reference: NON:S497:732
NON-MONETARY CONTRIBUTION

Memo Reference:
ADDITIONAL COMMITTEE ADDRESS: P.O. BOX 20368, STANFORD, CA 94309
